

TEXAS HEALTHCARE TRUSTEES Trustee Bulletin

Creating a Culture of Patient Safety

While hospitals historically have worked to improve quality and ensure patient safety, the issue is at the forefront now more than ever before. Patients, purchasers and payers all are demanding a renewed commitment to quality care from health care professionals and organizations.

Part of the reason stems from a widely publicized report from the Institute of Medicine (IOM) in November 1999 and its follow-up report released in February 2001. These reports on the frequency of medical errors fueled intense media scrutiny and public concern.

What can trustees do? How can you work to reduce medical errors and reassure your community? The answer: create a culture of safety.

Why Quality is a Top Concern

The concern for quality health care dates back thousands of years to the Code of Hammurabi, but in recent years, it has become a key governance issue. Boards not only have legal and regulatory responsibilities for ensuring quality care, but also fiduciary obligations.



According to James E. Orlikoff and Mary K. Totten, two noted governance experts and authors, "as overall resources and payments to hospitals tightened, health care organizations and their boards began to focus on the positive impact that good quality care could have on their institution's reputation and financial health. Data showed that people's perceptions about quality of care influenced their choice of hospital, and that poor quality care cost the hospital more to deliver than high quality care. That information, along with growing patient and purchaser demands for increased quality and value, make oversight and continuous quality improvement a top governance concern."

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EDUCATION OUTLOOK

THT Public Hospital Trustee Orientation and Refresher
November 2
Covenant Health System, Lubbock

Co-sponsored by:
Texas Organization for Rural and Community Hospitals

For more information, call Merry Hughes at 512/465-1562.

Mark your calendar now for the THT Spring Forum, March 7-9 in Houston!

Trustee Bulletin

The *Trustee Bulletin* is produced by the Texas Healthcare Trustees in cooperation with the Texas Hospital Association.

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New Joint Commission Patient Safety Standards

Additionally, new patient safety standards have been released by the Joint Commission on Accreditation of Healthcare Organizations, and became effective July 1.

The new standards contain a number of requirements for accredited hospitals, including:

- Leadership responsibility;
- Use of systems analysis for error prevention;
- Training and teamwork in error identification and prevention;
- Communication;
- Use of knowledge-based information; and
- The need to inform the patient of unanticipated outcomes.

What Can Trustees Do?

Medical error reduction starts at the top, and is a crucial leadership issue. Boards need to make error reduction and medical safety among their top priorities.

The first Joint Commission standard addresses leadership's role in error reduction. Consequently, trustees are encouraged to create a health care environment that supports error identification and offers solutions to prevent errors from recurring, while minimizing individual blame or retribution for reporting them. Trustees should be aware of the hospital's philosophy about patient safety and policies on the reporting of errors.

According to the Institute of Medicine, "health care organizations must create an environment in which safety will become a top priority. The culture of safety means designing systems geared to preventing, detecting and minimizing hazards and the likeli-



hood of error – not attaching blame to individuals." The IOM directive correlates with the new Joint Commission standard, which stresses the need for leadership and accountability for patient safety by boards of trustees.

However, the new Joint Commission standard does not mean hospitals must create new safety programs from scratch. Rather, trustees and administrators should ensure that all elements of safety are linked, and there is a comprehensive coordination of all efforts.

Sentinel Event or Near Miss

The new standard revisions also clarify the distinction between sentinel events and near misses. The Joint Commission describes a sentinel event as one that causes a serious injury or loss of life, while a near miss is an error that carries a significant chance of a serious adverse outcome.

It's important for hospital leaders to use these changes to create a formal plan to evaluate risk in the environment and to be constantly vigilant in looking at potential risk – identifying the potential before an injury happens. As one expert warns, "Usually, there are an average of 10 mistakes before an injury occurs."

New Initiative Can Help

The Texas Hospital Association has launched a new initiative on safety and has distributed two patient safety “toolkits” to all member hospitals. In February, THA published *Educational Tools Regarding Medical Errors/Patient Safety*. This packet contained:

- Suggested activities for communicating with various internal/external audiences;
- Key message points on medical errors and patient safety;
- Tough questions and suggested answers;
- Sample employee newsletter article;
- Flow charts depicting the complex series of checks and balances for two common procedures;
- List of agencies and organizations that oversee hospitals and health care professionals and their patient safety activities; and
- Sample wording for a patient guide or patient brochure.

In August, THA published *Joint Commission Patient Safety Standards, Including Patient Disclosure*. Both toolkits are available on the THA Web site, www.thaonline.org.

In addition, the American Hospital Association in conjunction with THA distributed a videotape, *Beyond Blame*, to all member hospitals. Lastly, AHA has developed a self-assessment test. *The Hospital Executives and Their Roles in Patient Safety* publication asks executives to examine what they do to establish and maintain a culture of safety.

For more information, contact Starr West, THA’s director of health care quality at 512/465-1042, or visit the American Hospital Association Web site, www.aha.org/patientsafety.

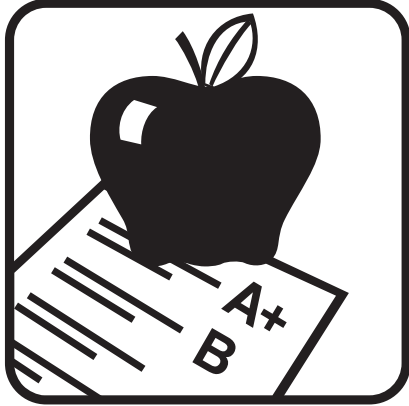
Quality Improvement Questions

Today’s hospital/health system boards take great steps to ensure quality and safety, but research shows that most quality problems in hospitals are not the result of individual error. Rather, the majority of quality problems were caused by breakdowns in processes and systems of care that were often complex and involved many people, work units and disciplines within the organization.

The good news is that we know where the majority of errors originate. Therefore, we can draw on modern quality improvement techniques to monitor and improve the complex systems we use to deliver care and service.

Governance authors James Orlikoff and Mary Totten suggest trustees ask the following questions:

- What is your hospital’s definition of quality?
- Does your organization’s medical staff participate in quality improvement activities?
- Do your organization’s quality improvement activities focus on systems and processes of care, rather than on individuals?
- Are your hospital’s quality improvement processes integrated with other quality-related activities?
- Do your hospital’s quality improvement activities actually improve quality organization-wide? How do you know?



A Report Card for the CEO

Making tough decisions is what hospital and health system board members do. They face questions about the budget, strategic directions, patient safety and sometimes, even survival. But, if you ask a board member what comprise his most troublesome moments as a trustee, the answer will be CEO performance evaluation.

The CEO performance evaluation is a crucial board function. Yet, despite its importance, many boards are uncomfortable with the responsibility.

Annual evaluations of the CEO are probably one of the least enjoyed and least understood tasks of the board, according to J. Larry Tyler and Errol L. Biggs, who wrote on the topic in the May issue of *Trustee* magazine. Many factors hinder a good performance appraisal process even though it is a Joint Commission on Accreditation of Healthcare Organizations requirement and a prime indicator of good governance, say Tyler and Biggs.

Boards may:

- Be uncertain about the appropriate criteria to be used in the assessment;
- Be concerned that the board-CEO relationship will be disturbed;
- Have a fear of confrontation; or
- Have the perception that tolerating an existing CEO is easier than chancing a disruption that change would cause.

Making the Process Work for the Board and CEO

Jeptha Dalston, Ph.D., president of HealthExec, a consulting firm in Houston, goes a step further saying *the* most important governance function is ensuring effective CEO performance. “Optimally, this board responsibility includes CEO recruitment, appointment, evaluation and nurturing,” Dalston says. “Each action must be done well to ensure overall CEO performance effectiveness,” he adds.

Dalston has identified specific steps and techniques for board members involved in CEO performance evaluation and professional growth:

- Apply strong board leadership.
- Gather essential information.
- Discuss the process with the CEO.
- Clearly define the process.
- Jointly set CEO performance targets.
- Establish standards and expectations.
- Relate performance to rewards.
- Evaluate the CEO evaluation process.

“Boards should recognize that the board can make a very big difference in CEO performance following recruitment and appointment,” explains Dalston. “Positive motivators and a clear cut, well-defined evaluation process are essential.”

Tools to Help

There’s more to CEO evaluation than simply extending or terminating the CEO’s employment, say experts.

Boards should have a clearly defined evaluation process that begins months before the formal sit-down meeting with the CEO. Remember that performance appraisal is an ongoing, and not just an annual, process. Boards should affirm that the objective of the performance appraisal is to support or change behavior.

For an effective CEO evaluation process, a number of tools need to be in place, including:

- A clearly defined vision, mission and set of values;
- An up-to-date strategic plan with clearly specified organization goals and objectives, along with stated measures of what it would mean to achieve those goals;

- A current, written job description for the CEO that includes the organization’s goals and objectives as outlined in the strategic plan;
- A current, written job description for the board of trustees; and
- A shared understanding of the purposes of the CEO evaluation.

Performing the Appraisal

The board should have a formal evaluation process that clearly defines what is going to be evaluated, who is going to have input into the evaluation, what the exact steps are, the objective and how the results of the process are going to be communicated. Some criteria for evaluation may include:

- Financial performance against budget;
- Operating indicators, such as length-of-stay, average daily census, admissions and outpatient visits;
- Physician satisfaction as evidenced by survey scores; and
- Employee satisfaction as evidenced by survey scores.

The board has a responsibility to communicate effectively, often and candidly with the CEO. In turn, the CEO’s job is to take action and make changes. When the performance evaluation is fair and comprehensive, everyone who has the best interests of the hospital at heart benefits.

Getting Ready for HIPAA

In 1996, Congress enacted the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The law included an “administrative simplification provision” requiring new safeguards to protect the security and confidentiality of patient health information.

Trustees Meet HIPAA: Getting Ready was the topic of a THT Summer Forum presentation by Hilary H. Young of Joy & Young, L.L.P. According to Young, the complex HIPAA regulations will require hospitals to conduct rigorous reviews of information systems and implement many new security and privacy procedures.

HIPAA safeguards will require significant changes, particularly in the area of data exchange and management information systems. Yet, compliance with HIPAA can benefit hospitals that approach it as an investment in productivity and future cost savings instead of as a regulatory burden, according to technology experts.

Getting a Handle on HIPAA

HIPAA was enacted to reduce health care fraud and abuse, and to ensure that workers could retain their health insurance when they changed jobs – that it would be “portable.” However, many aspects of the law deal with data security and privacy, and administrative simplicity. Specifically, the law establishes precise specifications for electronic data interchange formats and standardizes transactions among health care providers, payers and the government.

The new regulations raise a number of concerns for hospitals and the boards that provide their oversight, including:

- Privacy and security for consumers; and
- Cost of compliance for the health care industry.

HIPAA addresses three major areas:

- Transactions and code sets (administrative simplification);
- Data security; and
- Privacy of all electronic medical records of both public and private entities.

The new rules for transactions and code sets must be implemented by Oct. 16, 2002; those for privacy must be put into practice by April 14, 2003. The final security rule is yet to be published.

There are civil penalties for failure to use adopted transaction/code standards, and criminal penalties for failure to protect or for wrongfully disclosing confidential information. General penalties under HIPAA provide for fines of \$100 per violation up to a maximum of \$25,000 per calendar year. Wrongful disclosure can be penalized by fines of \$50,000 to \$250,000 and/or imprisonment for one to 10 years.

Standard Procedure

HIPAA is intended to improve the efficiency and effectiveness of health care systems and produce savings through reduced administrative burdens. Transaction standards apply to all electronic transmissions from one computer to

another (including the use of magnetic tape, floppy or compact disks, Internet, Intranets, leased lines, dial-up lines and private networks).

Under HIPAA, hospitals are required to simplify administrative systems, bringing all health care providers to a standardized format. The good news is that this portion of the regulations should bring significant costs savings to hospitals and health networks over time. In fact, hospitals that become HIPAA-compliant quickly will have a competitive advantage.

For example, verifying eligibility electronically is faster and results in significant cost savings for each patient. Standardizing processes among health plans and providers also could reduce duplicate functions and claims submittals, as well as the number of full-time equivalent employees needed to operate efficiently.

The bad news is that streamlining administrative systems requires a large initial expenditure to upgrade and change current information systems. Standardizing electronic data interchange requires uniform standards for electronic information communication, including diagnosis and procedure codes, billing forms, provider numbers and patient numbers.

Resources

Numerous resources exist to assist trustees and their hospitals with HIPAA implementation strategies (see HIPAA Resources). The resources available offer ways to achieve compliance in a timely fashion.

Additionally, the Workgroup for Electronic Data Interchange (WEDI) has begun a Strategic National Implementation Process (SNIP). WEDI SNIP is a voluntary industry solution created to help providers interpret HIPAA standards and develop practical solutions to work flow issues encountered in compliance efforts. Workgroups have begun regional and local efforts. Ultimately SNIP hopes to test baseline standards for HIPAA standards.

A 'To Do' List for Trustees

Trustees should take a leadership role in ensuring that their hospitals/health care systems are prepared for HIPAA. Compliance will

be complex, time-consuming and costly – in short, a massive undertaking. In the long run, however, HIPAA compliance can benefit hospitals that take a proactive approach.

What should trustees do? Follow this checklist:

- ✓ Get educated about HIPAA. Non-compliance can have serious ramifications and/or mean costly fines for your hospital or health system. Attend seminars, education sessions or schedule special board briefings.
- ✓ If you have not done so, create a board-level committee now to address this issue and oversee the HIPAA conversion.
- ✓ Make sure your hospital has a designee to ensure compliance with the regulations. While the hospital

compliance officer could assume this duty, a designated privacy officer may be needed in larger facilities. Information services will need to work closely with your designee. Compliance with the federal regulations will require adoption of strategic goals, creation of a privacy mission statement, and development of privacy policies and procedures that work and are tailored to the organization and members of its network. Remember that virtually all hospital departments are affected by the HIPAA privacy and transaction/code sets rules, so policy development should be a hospital-wide initiative.

- ✓ Get started now! Hospitals that wait may face dramatically increased costs and reduced market share.

HIPAA Resources

Web sites on HIPAA regulations are available at:

www.hhs.gov/ocr/hipaa
<http://aspe.hhs.gov/admsimp>

Other resources include:

Boundary Information Group (BIG)

www.boundary.net

Quick and Dirty HIPAA Administrative Simplification Provider Benefit Calculation Estimator

www.hipaainfo.net/gs_quick1.htm

Workgroup on Electronic Data Interchange (WEDI)

Contains several "white papers" on HIPAA issues, such as trading partner agreements and testing and certification; links to numerous HIPAA resources; and access to discussion forums and list serves.

Strategic National Implementation Project
www.wedi.org/snip

HIPAA Glossary

www.wedi.org/snip/Resources/hipaa_glossary.htm

Association for Electronic Health Care Transactions

HIPAA Checklist

www.afehct.org/pdfs/newHIPPAChecklist.pdf

Washington Publishing

Implementation Guides

www.wpc-edi.com

North Carolina Healthcare Information and Communications Alliance

HIPAA EarlyView™ is a low-cost self-assessment tool that includes nine built-in reports and answers to more than 500 questions about HIPAA security and privacy. This site also includes "Top 10 NCHICA Planning Points for HIPAA Compliance," which can be used for executive briefings.

www.nchica.org

Phoenix Health Systems

HIPAAalert News Briefs

www.hipaalert.com

Texas Governance: People and Places



Homer Schurtz

Hospital/Health System: Sweeny Community Hospital, Sweeny, a regional affiliate of Memorial Hermann Healthcare System, Houston.

Length of Service as a Trustee: 12 years. Served as president for the past eight years.

Facility Description: “We’ve had several status changes. We now serve as a critical care access hospital, which gives us better Medicare reimbursement. We also have implemented home health care, and we now run the ambulance service for both Sweeny and Brazoria counties. We offer Meals on Wheels, and we have a geriatric psychiatric unit.

“We also have a wellness center where we offer physical therapy and a fitness center. For next year, we have plans to modernize and update our emergency room and build an assisted living center. We also plan to construct a new pro-

fessional office building for the doctors and do a general facelift of the entire facility.”

Reason for Involvement:

“I have been involved with the board of trustees since I worked with Phillips Petroleum and worked in the First Aid department. When I retired, they talked me into running for the board. At that particular time, they were having trouble getting trustees. They asked me to run, and I did.”

Specific Issues: “We sometimes have a problem with communication between the board and the public. We can’t seem to get out enough information. We have a committee set up for a community awareness program. We use town meetings and local newsletters to get the message out to the community.”

Most Satisfaction: “Being involved in the community. It gives you a good feeling to provide something people need right here, where they don’t have to drive out of town to get something routine.”

What I Would Tell New Trustees:

“I would strongly encourage any new trustee to go to the twice-a-year forums that THT offers. You talk to people at these meetings who have had

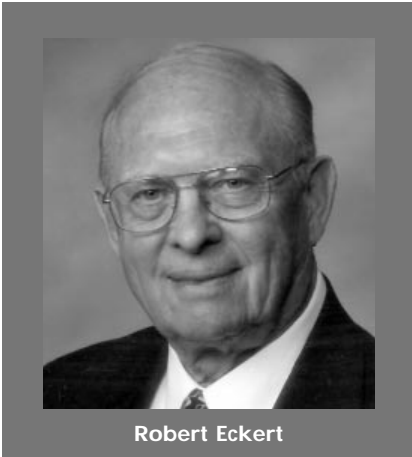
some of the same problems you have. It is a good way to exchange ideas and learn about the experiences of other trustees.”

Influences: “Like many hospitals, we have people who volunteer their time at the hospital. They know a lot about the community and the people here. It’s always a good idea to bounce a new idea off them before you move forward with it.

“The board was also very fortunate six years ago when we got Herbert Turk Jr. as our administrator. He is a jewel of an administrator who has really gotten us down the road.”

Honors: Named Distinguished Trustee of 2001 by Memorial Hermann Healthcare System.

Hobbies: Woodworking, antique collecting, collecting hand-painted Blue Ridge pottery. “My wife and I own approximately 2,000 pieces of Blue Ridge pottery and display it throughout our home.”



Robert Eckert

Hospital/Health System:
Shannon Medical Center, San Angelo.

Length of Service as a Trustee:
Since 1983.

Facility Description: "Shannon is the largest health care provider in the Concho Valley. Five buildings comprise the downtown campus. We've prided ourselves over the years on having very good equipment. We were the first in the area to get an MRI. We try to stay on the cutting edge of technology as much as we can afford to. Shannon has a helicopter service and a trauma center.

"We expand all the time. We're in the process of upgrading St. John's Hospital on the east side of San Angelo. We acquired that hospital on Oct. 1. It houses our behavioral

health and sports medicine. We're also in the process of adding a dialysis unit."

How Did You Become Involved With the Hospital/Health System Board? "A good friend, Lester Smith, was managing trustee of the Shannon Estate. He got me involved as one of the Shannon Estate trustees. All seven estate trustees automatically are involved with the hospital. When Mrs. Margaret A. Shannon died in 1931, her will established the Shannon Trust, which provided for the hospital."

Offices Held: "I am presently chairman of the finance committee and have been for seven years. I am also chairman of the finance committee for Shannon Health System."

Most Challenging Aspect of Board Service: "Health care is a very complex business and demanding in a lot of areas. There is a lot of regulation, both on a governmental level and a professional level."

Noteworthy Successes: "The creation of the Shannon Health System that is comprised of the Shannon Medical Center and the Shannon Clinic. The clinic is a multi-specialty group of more than 100 physicians.

We also have Legacy Healthcare, which is a health insurance function."

What I Would Tell Trustees: "At first you have to do a lot of listening because health care is very diverse. It can be very difficult to grasp all the aspects. You need to build your knowledge base. For new trustees, I think the first part of serving is trying to learn how health care functions today.

"At THT forums, I am always impressed with the interest and the input you get from various people. It is rewarding to see the dedication of people who are involved in health care and serving as trustees."

Influences: "Claude Aikman was the father of a friend of mine. His son and I were good friends from the second grade. My father was never part of my life. Mr. Aikman was in the oil business in San Angelo. He was very helpful to me and indirectly taught me about service to the community."

Hometown: "I've spent all my life in San Angelo."

Education: B.A. in accounting from Rice University.

Hobbies: Tennis and birdwatching.

TEXAS GOVERNANCE: PEOPLE AND PLACES

Trustee profiles give you a "snapshot" look at different trustees from across the state. From Laredo to Lufkin, you can see first hand the efforts they are making for their communities. If you know of an exceptional trustee to profile in this section, please call THT's Merry Hughes at 512/465-1562, or in Texas, 800/252-9403.

As a hospital trustee, you're accustomed to serving as the conscience and the leadership of your institution. It's time to prepare for a new responsibility: hospital advocate.

POWER TOOLS: Trustees and Public Policy

by George Mead

Hospitals – no matter how well they're managed, no matter how wisely you lead them – are facing unprecedented financial and political challenges. More than ever before, Congress, the White House and the Texas Legislature need to hear what you have learned about the shape of America's health care system

Why is your input so critical? It's simple: you are a leader in the community. You are a volunteer who assumed responsibility for the centerpiece of the health care system. Your knowledge and experience are indispensable to policymakers. In fact, legislators and members of Congress need to know you, and they welcome your advice.

But there's more. There are more than 4,000 hospital and health system trustees in Texas, and there's strength in those numbers. As volunteer stewards of the community's health care resources, trustees should play a major role in advising candidates of both parties about the future of health care in Texas. It's

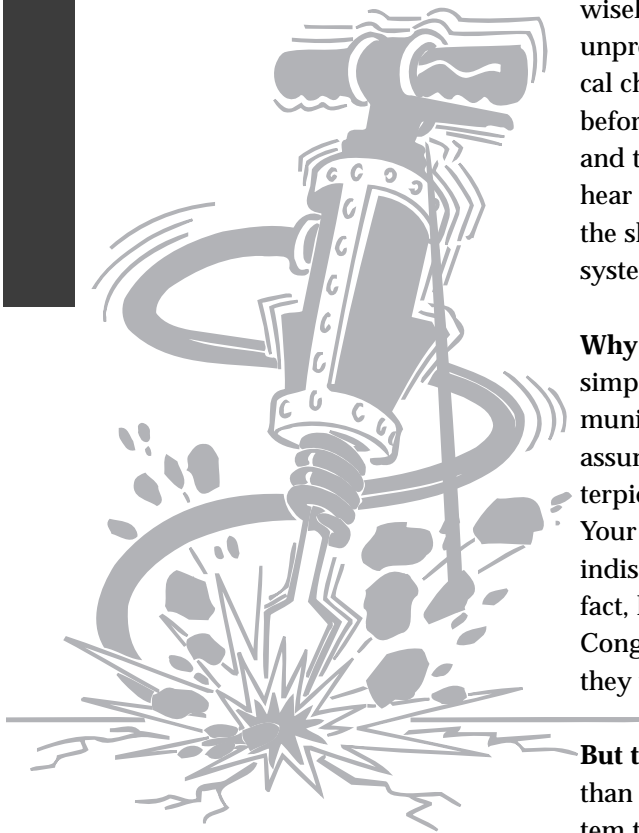
time now to start building bridges to the people who run for office in November 2002.

What kind of tools can help you build such bridges? Here are my Top Ten Power Tools for Texas trustees:

Personal Relationships: Chances are, you know your legislators and members of Congress. You may have gone to school with them, or driven their kids to the softball game. Build on those friendships and don't hesitate to speak for the hospital, just as you'd speak on behalf of your personal business or your profession.

Party Activity: Many trustees are influential in local and state politics. County chairmen of both parties and influential fundraisers have long been major players in the Texas Healthcare Trustees. Your hospital may have sought your advice and leadership precisely because you already influence decisions in your community. Even if you don't know Republican and Democratic volunteers in your community, they need to know you. Reach out – tell them what your hospital does, and what it needs for the future.

Talent Scouting: You've been around the block. You know how to spot promising young people who want to serve in the Legislature or the U.S. Congress. Cultivate these up-and-coming youngsters now, and harvest their friendship



and gratitude in the future. When you spot future leaders, volunteer and contribute to their campaigns – they will never forget your help.

Church and Charity: Every successful politician builds a strong relationship with the churches in his district. And most good public officials make a point of involvement with their favorite charity. Visit with your elected officials at church functions, volunteer or contribute to their favorite charities, and they will never forget your kindness and help.

The Hospital Tour: The simplest, fastest way to explain what your community needs is to take an elected official on a tour of the hospital. Give public officials a chance to meet the leadership of your hospital, and hear what it needs from doctors and staff. A good hospital visit builds lasting relationships.

The Capitol Visit: The Texas Hospital Association conducts a Texas Congressional Briefing in conjunction with the American Hospital Association Annual Meeting. Visits with members of the Texas Delegation follow. Make a point of attending, and make a visit to your member of Congress, plus any others you may know personally. When constituents care enough to make visits in Washington, D.C., members of Congress pay close attention to what you came to say.

Calls and Letters: Hospitals are among the most intensively regulated businesses in the United States. Moreover, the state and federal governments combine to provide more than half of all hospital revenue, in the form of Medicare and Medicaid payments. In every session of Congress or the Legislature, the Texas Hospital Association and its national partners need your calls and letters to push for enactment of critical legislation to streamline public policy and secure adequate reimbursement. A call or letter from a trustee is a big event in any elected official's office. Ask for follow-up: tell your representatives that you want to know how they helped the hospital agenda in Austin and Washington.

Internal Updates: Work with management and medical staff to keep all members of the hospital family current with key legislation and how your hospital contributes to its success. Remember the basic rule of leadership: tell your team what the goal is, and how to measure success.

Town Hall Meetings. On some occasions of exceptional importance, the hospital may be the best place to draw the community together for a family talk about health care needs and resources. Giving your elected officials a forum to speak about their work, and to listen to the voters, is a public service. You may even find that your hospital is so central to the

community that you're asked to hold Town Hall meetings on other issues. It sounds like a lot of work, but it's always a good idea to reach out for opportunities to show the public how central your hospital is to the community it serves.

But let's face it: who's got the time? We're all too busy nowadays, and involvement in public affairs is just one more way to eat up your day. But if you believe that it's too much to ask, answer these questions:

Do we take our personal finances for granted? Of course not.



Do we take the finances of our hospital just as seriously?



Do we trust the government to "get it right" without our input?



If we don't explain health care to decision-makers, who will? And what will they say?

George Mead is principal of Federal Insights in Washington, D.C. He serves as federal relations consultant for the Texas Hospital Association. He can be reached at 202/744-6535.

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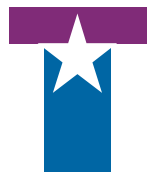
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